

MASSACHUSETTS

Building Department
TOWN HALL • 525 WASHINGTON STREET • WELLESLEY, MA 02482-5992 781-431-1019 ext. 2220 Fax 781-283-5724

HOMEOWNER AUTHORIZATION FORM

Homeowner Name(s):		
Property Address:		
This letter is to inform you tha	at I give permission to [CSL License Name]	of
[Company Name]	to apply for a construction permit at my	home
located at address listed above		
Construction work to begin sta	arting [Date]	
Description of Work:		
CONTRACTOR INFO		
CONTRACTOR INFO Contractor Name:	CS Lic #	
•		
Phone:	Email:	
	r's Construction Supervisor License r's Certificate of Insurance (Insurance Binder)	
HOMEOWNER SIGNATURE:		
DATE.		